

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/857378

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51		/				
2		/					52		/				
3		/					53		/				
4		/					54		/				
5		/					55		/				
6		/					56	/					
7		/					57	/					
8		/					58	/					
9		/					59	/					
10		/					60	/					
11		/					61		/				
12		/					62		/				
13		/					63		/				
14		/					64		/				
15		/					65	/					
16		/					66						
17		/					67						
18		/					68						
19		/					69						
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36		/					86						
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38		/					88						
39		/					89						
40		/					90						
41		/					91						
42		/					92						
43		/					93						
44		/					94						
45		/					95						
46		/					96						
47		/					97						
48		/					98						
49		/					99						
50		/					100						
TOTAL IND.	8						TOTAL IND.						
TOTAL DEP.	57						TOTAL DEP.						
TOTAL CLAIMS	65						TOTAL CLAIMS						

**BEST AVAILABLE COPY**

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS